

## STANDARD CERTIFICATE OF DEATH

State File No. **43315****FILED JAN 4 1951**

BIRTH NO. _____		REG. DIST. NO. <b>337</b>		PRIMARY REG. DIST. NO. <b>11499</b>		Registrar's No. <b>103</b>	
1. PLACE OF DEATH a. COUNTY <b>Shelby County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b> <b>1021</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Shelbina, Mo.</b> c. LENGTH OF STAY (in this place) <b>26 Yrs.</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>Shelbina, Mo.</b> d. STREET ADDRESS (If rural, give location) <b>X</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Henry Wilson Kimbel</b>		b. (Middle)		c. (Last)	
						4. DATE OF DEATH <b>12-16-1950</b> (Month) (Day) (Year)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>2-25-1873</b>	
9. AGE (In years last birthday) <b>77</b>		10. UNDER 1 YEAR <b>9</b> MONTHS <b>21</b> DAYS		11. BIRTHPLACE (State or foreign country) <b>Shelby Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rtr. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>		13a. FATHER'S NAME <b>Francis M. Kimball</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Kidwell</b>	
13c. NAME OF HUSBAND OR WIFE <b>Deceased</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war and dates of service) <b>X</b>		15. SOCIAL SECURITY NO. <b>X</b>		16. INFORMANT'S SIGNATURE OR NAME <b>Wayman Kimbel, Shelbina, Mo.</b>	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal Uremia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute nephritis</b> DUE TO (c) <b>Arthritis - left foot</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>590X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>2 wks</b> <b>3 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>April</b> , 1927, to <b>Dec 16</b> , 1950, that I last saw the deceased alive on <b>Dec 16</b> , 1950, and that death occurred at <b>9:30A.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. L. Caldwell D.O.</b> (Degree or title)				23b. ADDRESS <b>Shelbina Mo</b>		23c. DATE SIGNED <b>Dec 21/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-18-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Shelbina Cemty.</b>		24d. LOCATION (City, town, or county) (State) <b>Sgelbina, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-22-50</b>		REGISTRAR'S SIGNATURE <b>Ada Garrison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkelaw-Hawkins</b> ADDRESS <b>Shelbina, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: DEC 27 1950  
DISTRICT HEALTH OFFICE #1  
District File Number 12-50-22  
Date Filed: JAN 3 7 1951

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*W. Hawkins*

Licensed Embalmer No. *3498*

P. O. Address.....

*Phillips Mc*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.